INSTRUCTIONS

- 1) **REQUESTER INFORMATION** Enter the name of the requester, full mailing address (street address, city, state and zip code) and daytime telephone number.
- **TYPE OF REQUEST -** Place a check mark in the box, which identifies the type of service requested.

"Full List": Includes licensee name, mailing address, business telephone, license expiration date and license level.

"Special Request": In the section labeled "Special Request Description", please provide a detailed description of the information you desire (i.e., a list of all Certified General appraisers in Santa Barbara County whose license expires prior to June 30, 2003). When a special request is made, Item Number 4 (Sort Criteria for Special Request) must be completed.

SELECT DISKETTE TYPE AND FORMAT - Place a check mark in the box, which identifies the type of formatted diskette, which will be compatible with your system.

Select only one file format.

OREA is able to provide the file in either database file format (dbf) or text file format (comma delimited).

SORT CRITERIA - OREA will sort the records in up to three ways -- geographical area, license level and/or by license expiration date.

Select the sort criteria by placing a check mark in the appropriate box(es) and entering the required data if necessary (i.e., desired expiration date).

- 5) COST OF SERVICE This section provides the costs for each type of service
- **ORDER AND AMOUNT REMITTED -** Under description, enter either "Full List" or "Special Request.

Enter the amount due based on the information provided in Item Number 5 (Cost of Service). Enter the sales tax due (total cost multiplied by 7.75%). Sum the total cost and sales tax due to arrive at the Total Remittance Enclosed.

Please remit payment with the request. OREA will not process any requests until full payment is received.

Mail the completed request and payment to:

Office of Real Estate Appraisers 1755 Creekside Oaks Drive, Suite 190 Sacramento, California 95833-3646 Attention: Management Services Branch

If you have any questions, write to the address listed above or call (916) 263-0722.



OFFICE OF REAL ESTATE APPRAISERS

CALIFORNIA STATE REGISTRY

(See instructions on the reverse side of this form.)

1) REQUESTER INFORMATION	,	ý	
NAME:	PHONE	NUMBER: ()	
ADDRESS:			
2) TYPE OF REQUEST (check box to select type of	service)		
Full List (Available only on 3 1/2" dis	skette.)		
Special Request (Available only on 3 1/2	2" diskette.)		
Special Request Description:			
3) SELECT DISKETTE TYPE AND FILE FORMA	T (select one of each)		
	pase format (dbf) Text format (comm		ıma delimited)
4) SORT CRITERIA FOR SPECIAL REQUEST	, la		,
Geographical Area (list zip codes below) License Level(s) (indicate desired license levels below)			
	Certified General Trainee		Trainee
	Certified	d Residential	Residential
License Expiration Date Spec	rify Date:		
5) COST OF SERVICE			
SERVICE RATE			
Full List \$55			
Special Request		\$90	
6) ORDER AND AMOUNT REMITTED			
	Description		Total
r			\$
			\$
Sales Tax (7.75%)			\$

OREA does not guarantee the accuracy of the data or that the diskette provided is compatible with the requester's computer. All fees received are deemed earned upon receipt and no refunds may be given. The data provided is only for the personal use of the purchaser and may not be reproduced or distributed for sale.